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ON ATMOSPHERIC THERAPEUTICS.

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In that fragmentary work of Bacon, "New Atlantis," in which, after the manner of More's "Utopia," features of an ideal State are described, it is said: "We have certain chambers, which we call chambers of health, where we qualify the air as we think good and proper for the cure of divers diseases and the preservation of health." These words embody an important idea, which has not been as yet duly appreciated, which two hundred and fifty years have not sufficed to properly develop and carry into application. There are plenty of hospitals, but really no "chambers of health;" these have still to come; and such institutions have in them, I believe, the promise of great usefulness to suffering humanity.

Everybody knows that the presence of air is absolutely essential to life; that in absence of a due supply of it death speedily ensues. This being granted, the question arises, whether or not the state as well as the supply of the air is of vital importance. As I have fully shown in articles published in this journal, the atmospheric variations of a seasonal nature have much to do with the mortality as a whole; and that the relation between such and other changes in the air and many diseases is very intimate, I hope to show in the future. It is a familiar fact that air which contains much carbonic acid cannot be breathed without immediately disastrous results, and sulphureted hydrogen and other gases are quite as injurious. But after making full allowance for the effects of these and all agents, including electricity, which may be present in more or less abundance in the air, one must turn to the temperature, humidity, pressure, and light or sunshine, in which to discover the leading causes of the variations in the death-rate at different seasons of the year at any place. Of course, if it be granted that a relation between the state of the atmosphere and the death-rate can be easily traced, it follows that a relation between it and the sickness-rate exists. This relation is doubtless still more apparent than the other, but I need only refer to it here. Then, there is every reason to believe that the variation in the death-rates of different places is largely due to a difference in the state of the air, or, in other words, to climatic differences. This is so obvious that I will not dwell on it.

Now, if the state of the atmosphere, as regards temperature, humidity, pressure and light, is potent in causing disease and death, in spite of the ordinary efforts that are made to counteract it, the question arises, Is it not possible to completely control it? Well, it must be acknowledged that on a large scale it is impossible to control it in any essential respect, at least immediately. Gradual change of climate, through extensive agricultural and other operations, can be induced, but of this it is not to my purpose to speak. On a small scale, however, it is possible, and not very difficult either, to regulate the state of the air at pleasure, excepting, perhaps, in the matter of pressure. In a house or close inclosure of any size, the temperature, humidity and light, at any rate, can be

easily modified; these can be raised or lowered to any reasonable degree.

Seeing, then, that it is possible to modify, in nearly every respect and to almost any degree, the state of the atmosphere, on a scale sufficiently large, it is certainly a little surprising that no "chambers of health" have been established for "the preservation of health." Why is it that there is not in the whole country a single establishment where the air is regulated throughout the year with scientific precision? Hundreds of young lives might be saved every year, in any of our large cities, if there were halls at hand with air properly reduced in temperature, in which delicate children could be kept for a few weeks, or it may be days, in the heat of summer.

But it is of "chambers of health" for "the cure of divers diseases," that I especially desire to speak. These are still more important than ones for "the preservation of health." When disease is present, the state of the air should be considered as a matter of the utmost concern; for it may greatly influence the patient's condition for good or ill. That comparatively little attention is given to it is only too apparent to any one who pays a visit to any of the leading hospitals. Considerable care is taken to keep the air free from extraneous matters, through ventilation and otherwise, but little more is done excepting in winter, when it is heated. In summer it is not cooled, and at no time is any particular attention given to its humidity. I am not aware that a hygrometer is used in any hospital in Philadelphia. And yet Dr. Edward Smith feels justified in saying, in his book on "Health," that "health, and even life, depend upon this quality of dryness or moisture of the atmosphere which is breathed or which surrounds us." Here I may remark that what is commonly called the atmosphere might be more properly called the atmospheres; for there is no union between the oxygen and the nitrogen or the moisture, or between any two elements present. The old idea that water is supported by "adhering to air," as Franklin expresses it, has been obsolete since Dalton promulgated, in his "Meteorological Observations and Essays" (1793), the true doctrine, namely, that it, as well as all elastic fluids and gases, is independent and self-supporting. We live in an atmosphere of aqueous vapor, which varies constantly in density. As elsewhere pointed out, this is the great medium of heat, the element which regulates the temperature. And it exerts control over the temperature of living organisms as well as the air. How this is so I may briefly explain. Well, just as the relative humidity is high or low, so will the moisture that is in the body tend to evaporate slowly or quickly; and as every one probably knows, the evaporation of water requires a great deal of heat. In this way heat is always being abstracted from the system; for evaporation is going on constantly, from its entire surface, and also from the lungs. The air which issues from the lungs is always heavily loaded with moisture, always of a relative humidity, according to Espy and other meteorologists, of between ninety and ninety-five. In this connection it must be remembered that the tension or pressure of the aqueous vapor atmosphere, as well as the relative humidity, exercises an influence over the temperature of the body. Thus, when the actual amount of vapor in the air breathed is small, and the relative humidity is low, which is often the case in cold weather, not only does this vapor and the accompanying air absorb heat from the blood, but a large amount of additional vapor being required to highly saturate the inspired air, a corresponding amount of heat must be abstracted. The amount of heat drawn from the system in this way may be imagined when it is borne in mind that the capacity of air for moisture is more than quadrupled through a rise of temperature from the freezing point (32°) to 80°, a point considerably below that of expired air at all times. Living in a cold, dry atmosphere is stimulating for a while, but exhaustion speedily comes on, unless counteracted by nutritive activity. The consumption of oxygen and other chemical changes are involved, heat promoting them and cold retarding them.

But bad as it is, that scarcely any attempt is made in institutions devoted to sanatory purposes to regulate the state of the air, generally, it is worse that little or nothing is done to modify it to suit each patient, according to his disease and its stage. Persons of age and temperament the most diverse, and with diseases entirely unlike, are put in the same ward, in the best of hospitals. Beside a patient with a raging fever may be seen another that is convalescent, or one in the acute stage of inflammation of the lungs, side by side with one recovering from that serious disease. Is this as it should be? Is the practice not to a degree as irrational, not to say criminal, as it would be to put all on the same diet and medicine? It certainly seems a little absurd to administer medicinal agents with no great certainty of getting the desired results from them, while the immersing medium, so to speak, is for the most part entirely neglected. The air is in a sense a

composite bath, and its state should be regulated in like manner. The physicians of antiquity were more advanced in this regard than we are to-day. Thus, in speaking of the treatment of phrenitis, Aretæus says: "The patient should be placed in a house of moderate size and mild temperature; in a warm situation in winter, and in one that is cool and humid in summer; in spring and autumn to be regulated according to the season." One looks in vain for so explicit directions in our modern works on practical medicine.

Of course, no one will understand me to mean that the physician can or should rely on aerial medication alone in the treatment of any disease; I do not wish to do more than place it among the most useful resources of his art.

A very important bearing of the state of the air in the treatment of disease may be referred to, and that is, its modifying influence on the effects of medicines. It is patent to common sense that a change in the forces which act on the organism from without, which antagonize those that are acting within, must increase or diminish, or otherwise affect, the action of any agent administered. This is a familiar fact to the habitual users of stimulants, and in all cases the difference between the effects of any medicinal substance, say when the air is warm and moist and when it is cold and dry, must be very considerable. Here is a matter which receives little or no attention, a field of observation to which therapeutists seem to be oblivious to a lamentable degree. Careful study in this direction would assuredly tend to the advancement of the science and art of healing.

Ever since the study of the chemical composition of the atmosphere began to be pursued with success there have been loud proclamations of the discovery of infallible means of curing disease. When the nature of oxygen was demonstrated, there were, and, indeed, still are, persons of the belief that with it nearly all diseases might be successfully combated. It cannot be denied but that it is an agent which plays a vital part in the animal economy, and it is, I believe, a powerful, and when properly administered in suitable cases, an excellent remedy; but it is by no means a cure-all. Proper ventilation insures the presence of very nearly the normal proportion of it in the air at all times and everywhere. Ozone, too, which is not a constant, and consequently not, properly speaking, a normal constituent of the air, is extolled by quacks as a remedy of sovereign virtue in manifold ailments. It has stimulating properties, but it is as an aerial purifier that it is of much interest to the physician. It certainly might be utilized in hospital wards and elsewhere to great advantage. Both it and oxygen might be added to the air of any apartment, just the same as moisture, and under many circumstances, doubtless, to good purpose.

What is called the climatic treatment of disease, which has been assuming more and more importance ever since the publication of Sir James Clark's book on "The Sanative Influence of Climate" (1841), is similar in principle to the treatment under consideration; but notwithstanding modern facilities for traveling, it is far more difficult to carry it out. One advantage of moving to a different place of abode is that the influence of a lesser or greater degree of pressure can be brought to bear on the system, and another is the change of scene, which is often very beneficial.

Special modifications of the air for sanatory purposes have been recommended from time to time, for a long while, in fact, from the days of Hippocrates. Sydenham made use of cold air in the treatment of smallpox, and from its value in that disease was led to advise it in all fevers, in the presence of great morbid activity. It is not a little amusing to read, in a periodical for the present month, that a German *savant* has just discovered this method of treatment. This expedient is, of course, somewhat similar in principle to the application of cold water in the treatment of fevers, which has been so much practiced of late; the immediate effect of either is to reduce the temperature and in turn the excessive vital activity, of which it is the result. To the philosophical as well as practical physician last named should be largely ascribed the credit of introducing the use of cold in these diseases. This is generally overlooked by modern writers. In Dr. Hosack's "Practice of Physic," published fifty years ago, the subject is ably discussed, including the cold water treatment of yellow fever. But it should not be forgotten that the ancients knew a great deal about the medical uses of water. Hippocrates recommended the bath in various forms in sundry diseases, and Pliny tells us that it was to the Roman common people a sort of panacea.

Vapor, hot air and sun baths are being used more and more for numerous diseases. Through them it is possible to at once produce profound changes, more or less permanent in character, on the system. Of medicated vapor and hot air baths, matters which are beyond my province, I may remark that the effects of the vapor and heat are generally overlooked in summing up the

results from them, and of the administration of medicines by inhalation a similar remark applies. In this way it is easy to make the mistake of according to a thing virtues which it does not possess. Students of medical history will remember how that eccentric but popular physician, Dr. Thomas Beddoes, dwells, in his "Observations on a Modified Atmosphere in Consumptive Cases" (1801), on the virtues of "a heated atmosphere impregnated with the exhalations of the cow-house." Of this curious treatment he remarks, "I have long been in the habit of recommending it." Among the patients treated by him in this way, was Mrs. Finch, the daughter of Dr. Priestly. There is something in this "cure" which recalls the method spoken of in the Middle Ages as being one of the most infallible for insuring perpetual youth, namely, to live constantly in the air respired by a company of girls.

In London, some time ago, the establishment of an extensive institution for the prevention and cure of disease through the regulation of the state of the air was agitated, but, I think, nothing came of it. In St. George's Hall, in Liverpool, washed air, that is warmed in winter and cooled in summer, is mechanically injected. When it is thought proper the degree of humidity is lessened through absorbents and increased through a steam jet. Several years ago an article entitled "Life Under Glass" appeared in the *Atlantic Monthly*, written by Mr. Geo. A. Shove, and which later (1874) was enlarged and placed before the public in book form, in which the erection and maintenance of a building for sanatory purposes were advocated. The scheme suggested was similar to the London one just referred to, and did not partake of the "blue glass" principle of procedure, which has no scientific standing as yet. In one of the hospitals of New York city there is a sort of hygienic hall, in which convalescents are placed to bring them under the influence of the sunshine. It is located under the glass-covered roof, and some attention is paid to the condition of the air as well as the light.

From these brief notes it will be apparent to the reader that the time is approaching when the scientific regulation of the state of the air with a view to the prevention and cure of disease will be systematically practiced. The measure being possible, and having in it flattering possibilities, it is to be hoped that it will be introduced soon, and extensively, too.

In conclusion, I would ask all physicians who are in possession of any facts as to the effects of different degrees of temperature, humidity, etc., of the air, on any disease at its various stages, to be kind enough to communicate with me. In this way I hope to gain much practical information, which I will embody in the studies of the relation of the meteorology to individual diseases, on which I am engaged.

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CLINICAL STUDIES OF INEBRIETY—HINTS OF THE PATHOLOGY.

BY T. D. CROTHERS, M.D.,

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The pathology of inebriety has never been clearly studied. The very excellent papers of Drs. Burr and Parrish were largely preliminary, opening up the way for other observers, and suggesting what would require long years of observation to confirm. Some English and French writers have hinted at many different theories, but in the absence of correct data, these have only served as corner stones for enthusiastic writers to build speculations, either for or against the question of disease.

Of late, Dr. G. M. Beard, of New York, has pointed out many pathological phases of inebriety in connection with other diseases, particularly in his studies of neurasthenia, which indicate a vast chain of hidden forces, culminating in inebriety, guided by laws as certain as those which govern any other disease.

Dr. Jewell, of Chicago, in a valuable lecture entitled, "On Certain Forms of Morbid Sensibility" (published in the American Clinical Lectures, volume II), has suggested clearly many conditions of the nervous system which precede inebriety, notably seen in the cases we have studied in previous numbers of the REPORTER.

We present some of these facts, with their signification, which are worthy of a more extended study.

Inebriates have always a defective condition of brain and nerve organization, either inherited or acquired.

There is also present a lesion of nutrition, consisting of a loss of balance between the waste and repair going on in the system.

The waste is not repaired, either from want of rest or proper nutritive materials.

In one case the constant excitement and strain upon the nerves are not repaired by sleep from day to day; the tension is kept up without relief or rest.

When the nutritive materials are wanting, in

both quality and quantity, the blood is poor, and lacks in building-up material; when this passes a certain limit the nerves suffer, and make it manifest in various forms of neurosis.

This loss of proper balance of the nerve force is frequently inherited. Children of inebriates and those of nearly all forms of mental disease have this entailment. It is one of the most prominent marks of the sins of the fathers visited on the second and third generation.

This may also come from actual disease, direct, as from alcohol in continuous or toxical doses, and indirect, as the result of some diseased conditions, such as acute fevers, that are rapidly wasting, etc.

In some of these cases there is present a morbid restlessness of the nervous system, a tendency to exhaust itself by seeking excitement, and centres of great mental activity, with no regard to the effects on the body. They seem to be laboring under a kind of delirium of both mental and physical activity, manifest in a constant desire to be moving about, and disinclination to rest any length of time, with intense pleasure in excitement, either of labor or amusement.

In these cases nervous exhaustion is always present, and also the tendency to alcoholism.

In other cases there is from the first a reckless disregard of nutrition and the purpose and object of eating. The greatest irregularities in both quality and quantity of food is an every day experience; the result is an impoverished body and nervous system, always wanting in vigor and integrity of action.

When these conditions are the result of alcohol, or the entailments of disease, the loss of brain and nerve power, with the general failure of the higher nerve centres, and capacity for endurance, etc., will be apparent in any ordinary observation.

It is a fact worth noting, that in all the cases of exhaustion traced to inheritance and alcohol, there is present a want of consciousness of the real danger; they never seem to realize the loss of power, and have no sense of the danger and difficulty of restoration. With this exhaustion come delusions and mental perversions; also great instability of both brain and physical force.

The seat of this disturbance is evidently in the nerve centres, and is either a condition of paralysis or exalted sensibility. In one case the capacity for receiving or giving impressions is diminished, and the mental action following is defective and irregular, the wants of the system are never realized, and when they are, the action is disproportionate, and the coördination is irregular and uncertain. For instance, the demands for food and rest, to relieve this condition, will bear no comparison to the actual wants.

In the other case, of exalted sensibility, there is present an unstable, sensitive condition, which responds to every impression, reflex or direct, and may be noted in all forms of neuralgia and functional nervous disturbance.

This condition is often psychical and cannot be clearly defined, but always gives way to rest and improved nutrition.

Alcohol taken to intoxication, in nearly all cases, is the exciting cause of these varied conditions of nerve exhaustion. The toxic action of this drug may either paralyze these nerve centres, controlling nutrition, breaking up the coördinating power of repair, or may develop a constant tendency to exhaustion, from increased sensibility and irritability to every impression.

There can be no question that inebriety springs from disturbances in the nutrition of the system, dating from the first toxic action of alcohol.

The following case is given as a supplement to many others which have been published in the REPORTER:—

J., aged twenty-four, a lawyer, in good health, temperate and of healthy parentage, was intoxicated for the first time, on brandy. He recovered and was strictly temperate from this time on, for five years, when he began to drink, for some imaginary disorder, and soon became an inebriate. A careful study of his history revealed the fact that he had complained of weariness and inability to endure severe mental labor, his memory was not as good, and he was more nervous and excitable, and he had a capricious appetite and temper, all of which grew steadily worse. He attributed these symptoms to a fall he received at the time of intoxication; his friends affirmed the fall to be of a very trifling character, and in no way to account for the symptoms which followed.

Here there was evidently a profound disturbance of the nerve centres presiding over or regulating the repair and waste of the system. The food taken after this event did not build up as formerly, and the rest and repair of the nerves was imperfect.

Dr. Beard has pointed out many conditions of general nervous exhaustion (denominated neurasthenia), which are often present in inebriety, generally before the use of alcohol is noticed, and always after. It seems to follow the destructive metamorphosis of alcohol in all cases, although not generally recognized.

Conditions of neurasthenia following inebriety

are sometimes manifest in painful emotional states, exalted fears and alarm at imaginary evils, dread of sudden death or loss of property, insult of friends, treachery and ingratitude of family, etc. These conditions may be driven away by alcohol, and are often of the nature of delusions, which the patient in part realizes, and resorts to alcohol to quell ; or they follow the action of alcohol on the brain, from which the patient is more or less oblivious after.

Not unfrequently a painful susceptibility to sound and light is present, both before and after inebriety is developed. This is prominent in conditions of excessive nervousness, seen in those of a decided neurotic tendency, often subject to marked exacerbations, in many cases owing to the weather and conditions of surrounding. As in mania and dementia, changes of character and habits are often noticed, always after inebriety has been developed, and in some cases before. These are hints of nerve exhaustion and debility. Psychical depression and conditions of melancholy, which apparently have no clear and positive cause, come and go with more or less uncertainty.

After inebriety has developed, a confusing combination of motor, psychical, and sensory symptoms appear, from a careful study suggesting the region of the brain most affected, opening up many problems of cerebral localizations, which are to be determined by future pathological studies.

The study of the etiology of inebriety is constantly confirming these hints of its pathology.

The following typical cases are presented as indicating the vastness of the field upon which there is little or no literature :—

Inebriety from Nervous Strain and Exhaustion.

A lawyer, aged 34 years; temperate, and of healthy ancestry, living a very quiet life, was unexpectedly elected to a responsible office. He worked with great energy, and was subject to severe mental strain and excitement. After an attack of fever, which seemed to be more from exhaustion than any specific cause, he began to drink freely, and a few months later was turned out of office for inebriety. From his wife it was ascertained that for months before this attack of fever he would work far into the night, and only sleep three or four hours, usually eating with great irregularity. This resulted in profound exhaustion of the nervous system, which found in alcohol a relief. The mental strain and want of sleep were the exciting causes, and the alcohol taken precipitated this condition, and developed both perversions and degenerations of the nerve centres.

Inebriety from Bad Nutrition.

A merchant, aged 29 years, of healthy, temperate living, became a convert to the doctrine that all disease originated in over eating. Accordingly he began to neglect to eat at proper times and places. For days he would eat but once, and often then of food wanting in quality. A year later he began to use beer and crackers, and finally found wine and brandy to be most agreeable. From this to the excessive use of alcohol was but a step, and he was sent to an inebriate asylum, a chronic inebriate and much debilitated, a year after.

The impoverished system, suffering from excessive waste and imperfect repair, manifested itself in conditions of depression, which demanded relief. When alcohol meets this condition the craving is almost irresistible, and inebriety follows as a necessity.

Inebriety from Want of Rest.

A mechanic, of thirty-five years of age, perfectly temperate and in good health, became a night watchman in a large factory, and worked half of the day in addition, for over a year. He became anæmic and complained of persistent neuralgia and dyspepsia. For this he found relief in bitters. Then beer and alcoholic compounds were used, and finally he drank regularly, and to intoxication. He was brought to an inebriate asylum, and after a year's rest regained perfect command over himself, and is now doing well, and a sober, healthy man.

Continuous loss of sleep and proper rest, to both nervous and physical system, developed into inebriety most naturally.

These cases are not uncommon, but are rarely traced to any physical condition, and they illustrate clearly the intimate relation between general nervous and physical exhaustion and inebriety.

In our experience the exhaustion from want of rest and mental strain is the most common cause of inebriety. The use of alcohol in all cases rapidly causes this, with other conditions of degeneration. The nutrition and building up of the body is also interfered with.

From these facts the following general conclusions may be summarized :—

1. Pathologically, in most cases of inebriety there is present a defective condition of brain and nerve organization.

2. This condition is often a lesion of nutrition, consisting of a loss of balance between the waste and repair going on in the system.

3. Every condition which interferes with the

proper repair and rest of the body predisposes to this disorder. The use of alcohol in such cases is always attended with more or less danger.

TYMPANITES, METEORISM OR FLATULENCY.

BY G. W. GARRISON, M.D.,
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Read before the Licking Co., Ohio, Medical Society, at its regular Meeting.

The three words above given are all of similar signification, but they are names applied in our text books to a functional or organic derangement of the alimentary tube. Speaking pathologically, we most generally find no diseased condition of any of the mucous follicles or any structural change going on in the primæ viæ. In fact, when flatulency occurs, we regard it most generally as a symptom or sequence of some other morbid action, or else from a hypersecretion from the mucous follicles of the intestines, or the result of certain ingesta causing gas to be thrown off within the alimentary tube. Some of the diseases which this troublesome annoyance seems to accompany are typhoid fever, dysentery, and various irritable nervous affections, etc. While these are only a few of the ailments in which we may have tympanites to contend with, I wish more particularly to call attention to the fact that in some acute diseases of but a few days' or weeks' duration we will find gas accumulating within the bowels, and by neglecting to notice it, and prescribe in time, from its constant pressure, the bowel will become over-distended, and even rupture, in case there should be ulceration, as there oftentimes is in typhoid conditions or dysenteries, etc. Hence, the importance of relieving as speedily as possible such an uncomfortable, as well as hurtful agency going on in the system. You all have, doubtless, examined many cases where the abdominal walls were distended, and heard the patients complain of such a pressure or fullness, as though they would burst; it matters but little what disease your patient is laboring under, there is one thing certain, you must be very careful to relieve as speedily as possible the meteorism, or else you will be of meagre help, to say the least, in remedying any other pathological condition. If this flatulency is not promptly attended to you will soon have more on your hands than you thought of, in the way of complications multiplied; for instance, nervous irritation, supplanted by brain and spinal congestion, and various other things that time and space will not justify to enumerate, but your patient will pass from your hands into that of the undertakers, whose votaries you should try, by all possible means, not to enhance. Promptness and quick perception should characterize all of our professional undertakings, and relieving the little things as we go along, pass nothing by with a glancing or indifferent look, but search for the root of the disease, and then apply the remedy in time.

It might be well to say, in this connection, whenever you see such complications arising, instruct your patient and nurse the importance of passing the wind off and preventing its accumulation, if possible. Hence, the great desideratum at this particular juncture is to forbid visitors seeing the patient, as they may be suffering great inconvenience, as well as running considerable risk, in withholding the escape of gas from the bowels. So it is also important, should your patient be a female, to have none but her sex in the room; and the same is true of males, unless in either case it should be the wife or husband. I would not insist that the patient should strain or make any rude exertion to pass wind, but if it requires only a slight exertion to obtain the desired purpose it should be enjoined.

Treatment.—In the management of tympanites intestinalis two objects are indicated: First, evacuation of the gas, and secondly, the prevention of its re-accumulation. The first proposition has been met by passing a tube up the rectum beyond the sigmoid flexure. A male rubber catheter will answer the purpose if you have nothing else. There are cases, however, this will not relieve, more particularly those suffering from obstinate constipation, or from gas within the small intestines. By administering a cathartic, with some turpentine in it, and a carminative, a great quantity of gas will pass off; then the most feasible plan to put into practice is to bandage the bowels with a good strong cloth bandage, snugly applied from the ensiform cartilage to the crest of the ileum, to be tightened when it becomes loosened. You might use topical application to the bowels before applying the bandage, such as equal parts of camphor, hog's lard and turpentine, and over this oiled silk, and then the bandage. The philosophy of this treatment is apparent at once; you support the muscular walls of the intestine, and exert a uniform pressure upon the gaseous accumulation, causing the wind to pass off by its natural channel, and prevent rupturing the bowels, in case of ulceration or paralysis, from over-distention. In a number of instances you will cause the bowels to move when laxatives and cathartics have

failed; at least this has been my experience. Again, in distention of the bowels of children, when they are suffering with diarrhœa or greenish stools, and the bowels become tympanitic, a nicely adjusted flannel bandage, reaching from the chest to the pelvis, is a great relief to these little sufferers. I venture the assertion, whenever you resort to the bandage in cases of meteorism, your patient will have it continued right along, because of its support and the relief obtained.

Secondly. To remedy this gaseous secretion or fermentation going on in the intestines, we must regulate the patient's diet. Forbid fruits, and allow but little, if any, farinaceous food. Use nitrogenous diet, with milk, eggs, oysters, etc., and medicinally such carminatives and laxatives as suit the case.

I might add more to this production, but as I believe brevity is the spice and life of all such assemblies, I will bring my paper to a close by saying what led me to write upon this subject more particularly was the great relief I have given patients suffering with flatus by bandaging the bowels.

Hospital Reports.

GOOD SAMARITAN HOSPITAL, CINCINNATI.

CLINIC OF JAS. T. WHITTAKER, M.D.,

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REPORTED BY A. H. KELCH.

Yellow Fever.

GENTLEMEN:—I bring before you to-day a case of yellow fever. It is the last of a series of cases imported from Memphis, all the rest of which have fortunately recovered and left the house. We have had the opportunity of seeing these cases this year, because of the early flight of the inhabitants from infected cities. Our cases all came to us in the stage of incubation. None of them even thought themselves sick until after their arrival. The house physician, Dr. Kelsey, will read us the history of this case.

History.—Georgie N., aged 8 years; English; father living; mother dead, of phthisis. Resided in Memphis up to the outbreak of the epidemic of yellow fever. She left home perfectly well, with the remaining members of the family—father and four sisters (three of whom have since had yellow fever), reaching Cincinnati July 21st. Six days after reaching the city she was attacked with high fever, on the third day of which she was sent by the health officer from a hotel to the hospital.

She is a delicate child, pale and prostrated by the disease; a general yellowish tint manifests itself with the pallor. She vomits everything given to her, and has great tenderness over the stomach. She does not answer questions put to her; is pseudo-somnolent and apathetic. The bowels are loose. The temperature 103°.

You will observe, gentlemen, in this short story, nothing peculiar nor pathognomonic of any one disease. The sudden fever, the profound prostration, the vomiting and epigastric tenderness, are symptoms common to all the infectious diseases. Two quite characteristic symptoms of all these diseases, and especially of this one, do not seem to have been present in any marked degree, viz., the frontal and lumbar pain. But even if they had been present, they could not have been more marked than in cases of variola. The icteroid hue of the skin, which has given the name to the disease in every land and language, is not peculiar to yellow fever. Three of our cases never had it at all. It occurs just as markedly in bad cases of typhus, in malarial fevers and septic diseases. It occurs in all these diseases, because dependent upon the same cause—upon dissolution of the red corpuscles and liberation of the hematine. That is, the jaundice is hematogenous. It has long since been known to be not hepatogenous, because the stools show no deficiency of bile. They are not clay colored, nor do autopsies reveal in yellow fever closure of the bile ducts nor other cause of retention.

So yellow fever is one of the acute infectious diseases, marked by poisoning and more or less destruction of the blood.

Before we proceed with the clinical study of this case, I repeat to you that we have this case here simply because it was brought here. That is, yellow fever does not, and never did, arise in Cincinnati. Nor does yellow fever develop anywhere, originally, in our country. This disease is indigenous to the West Indies, where the natural conditions for its life continually exist. The first ones are imported to us, for the most part, at our southern ports, and at these places the disease may live over seasons and years, until subjected to sufficient cold. Then it dies out and must be reimported anew. Now, although the cold of last winter was sufficiently intense to have killed the germs of the disease nearly everywhere in our country, we have melancholy proof of their survival in Memphis, throughout the whole of the winter, in its reappearance this present year. A uniform temperature of at least 72° F. is necessary to the life of the germ of yellow fever, but even when the season may be much colder than that, the materials containing the germs of the disease may escape exposure to it, and it thus survives over years.

We do not hesitate to take these cases into our wards, because this form of infectious disease is not contagious. No instance is on record where the disease was contracted from the body of a patient sick of it. We say of this disease, therefore, that, although intensely infectious, it is not contagious. That is, the germs of the disease do not multiply in the body, and are not irradiated from it to others. Yellow fever is, in this region, like malaria and cerebro-spinal meningitis. It is

a miasmatic and not a contagious disease. The germs causative of it are in the air; they attach themselves to things and not to persons. Baggage, bedding and bilge-water are the favorite habitats of yellow fever germs. They do not enter the blood, or at least if they do, they do not remain in it, as such. They produce in it changes, and these changes produce certain symptoms, to which we give the name yellow fever. We will, therefore, never find in the blood, in the black vomit, or in any of the juices or discharges of a body sick with it, anything peculiar to the disease—any microscopic parasites, for instance. We do not look to find them, any more than we would look to find splinters in the blood of a man who had been struck with a club. Hence, a miasmatic is very different from a contagious disease. In some forms of infectious disease we have already found, and in others we expect to find, in the body, characteristic germs. Germs which multiply in the body are given off from the body in the exhalations from the skin, as in the exanthemata; in the discharges, as in typhoid fever, dysentery and cholera; these are the contagious diseases proper. But yellow fever does not belong to this class. The germs are not given off from the body, because they are not in it.

One other point of interest deserves mention, because of the general misunderstanding regarding it. We do not owe our immunity to yellow fever on account of our elevation above the level of the sea. You may have seen it stated that yellow fever does not ascend higher than four hundred feet. Now, if this were true we should have nothing to fear, for that is the level upon which we stand, our suburbs being about two hundred feet higher still. But the truth is, yellow fever has climbed to a height of ten times four hundred feet, viz.: four thousand feet above the level of the sea. Newcastle, Jamaica, is about four thousand feet high, and here the disease has prevailed epidemically. Yellow fever will spread wherever it is carried, provided it finds a congenial temperature. We owe our escape, not to elevation, but to quarantine, and not to quarantine extended to persons, but to things.

We have had in the case of this little girl all the prominent symptoms of yellow fever save one. Fever we have had, with all its concomitants; we have had a heavy-coated tongue, nausea and vomiting, tenderness of the stomach, and a yellowish hue of the skin and mucous membranes. Then we have had also, a most essential point in differential diagnosis, absence of any enlargement of the spleen. You observe now that the splenic region is covered by gastric tympanites, and neither before nor behind, above nor below, do we elicit splenic dullness. Enlargement of the spleen attends most of the forms of infectious disease, notably typhoid and malarial fevers, but is absent, as a rule, in yellow fever. The symptom that has made itself conspicuous by its absence, is the black vomit. The white vomit (of mucus) and the yellow vomit (of bile) we have had in this, and in all our cases, but in none were the attacks so grave as to lead to paralysis of the vessels and such complete dissolution of the blood as to permit the escape of it into the viscera. Black vomit (blood) is a fatal sign. It is true, that Alvarenga reports forty recoveries out of one hundred and seventy-eight cases of black vomit observed by him in the great epidemic of Lisbon, but no one before nor since has made this observation. Louis saw it absent in fatal cases, treated at Gibraltar, in only a single case. But it is true that many cases die in the so-called fontage forms before the period of black vomit, and before even the period of discoloration of the skin. These patients die from the direct effects of the poisoned blood upon the nervous system, die as they die after the ingestion or introduction of a virulent chemical or animal poison into the stomach or blood.

Were it not for the fact of the prevalence of an epidemic we should often be led astray in differential diagnosis. Even the presence of albumen in the urine, a very constant sign in bad cases, absent in the patient before us, would not help us much, for such albuminuria is also common to all the grave forms of infectious disease. Fortunately, we have in the thermometric range most valuable and quite characteristic proofs of the form with which we have to deal. The typical temperature of each form of acute infectious disease is peculiar to itself alone. Yellow fever forms no exception to the rule. I show you upon the board the range observed in this case. Unfortunately we lack the records of the first two days. We are informed, however, that the temperature of the second day was as high as 106°. This is a characteristic elevation. The temperature is highest on the second day of the disease, and the height which it here attains gives us some indication of the gravity of the case. On the third day had already begun the second characteristic feature, viz.: the remission. By the fourth day the temperature fell to 101°. Then ensued the exacerbation, the column went up to 105°, to be followed by a sharp descent, with a critical sweat, to nearly the normal grade, where it usually remains. But this child was exceedingly delicate, as is, indeed, plainly visible still. Here is now written in plain characters the struggle which ensued. Eighteen days had passed away before the temperature finally fell to the normal degree, and then the fair prospect of recovery became suddenly marred by a congestion of the lungs, a threatening pneumonia, as evidenced by the sudden rise of temperature to 103°, which was fortunately aborted, however, by a round dose of the bromide of quinia. Since this time we have had to deal with the tedious convalescence that mars even a milder than average case of the disease.

The treatment of this case has been *nil* throughout; cracked ice, milk and lime water, some koumiss, wine whey and ice cream have been the only remedies, excepting an occasional dose of the infusion of digitalis when the urine was unusually scant. The crop of furuncles still present upon the face and extremities appeared also in two other cases in the house. They are looked upon as favorable signs, like the herpes of pneumonia, and are not pathognomonic in any way, of even acute infectious disease, to say nothing of its form.

Medical Societies.

McCALL'S FERRY UNION MEDICAL ASSOCIATION.

Reported for the Medical and Surgical Reporter, by W. N. Baynton, M.D.

The "McCall's Ferry Union Medical Association" is an organization intended to meet the social requirements of physicians, and in which purely professional matters are to a great extent excluded.

This Association owes its origin to the desire of the Lancaster Co. Medical Society to bring together, at some convenient point, the physicians of the remoter districts of the county, and also those of the surrounding counties, for mutual benefit and improvement, and the incidents of its origin, concisely stated, are as follows: Some certain advantages would be secured by a social and non-professional assemblage of the physicians of the lower Susquehanna Valley, which are not presented in a strictly professional meeting, or in the meetings of the several county societies, and it was, therefore, suggested that an invitation from the Lancaster County Medical Society be extended to the physicians of the above-mentioned region, to hold a union meeting at McCall's Ferry, which suggestion was acted upon, and the meeting took place Sept. 4th, 1878.

Representatives, about sixty in number, were present from Cumberland, Dauphin, Franklin, Lancaster and York counties; from Philadelphia, and from Cecil and Harford counties, Md. The meeting was a success in every particular, and the visitors were loud in their praises of the peculiarly wild beauty of the valley and river.

Under the supervision of Mr. Elias Fry, the proprietor of the hotel at McCall's Ferry, and his "gude" wife, an excellent repast was served, and ample justice was done to that part of the proceedings.

The election of officers for the ensuing year (1879) resulted as follows: President, Dr. Alex. Craig, of Columbia; Secretary, Dr. S. S. Rouse, of York; Executive Committee and Committee of Arrangements, Drs. Orth, Montgomery, Dale, Hanna and Deaver.

Then, after having had "a feast of reason and a flow of soul," the Association adjourned to meet at the same place on Aug. 28th, 1879.

The second annual meeting was duly held at the appointed time and place, and in point of numbers largely exceeded the first meeting, as about one hundred and forty persons were present; a goodly number of these were the wives and families of physicians, and invited guests. Chester, Delaware and Lebanon counties were represented, in addition to the delegates from the counties already named.

An informal reception was held in the parlors of the Fry Mansion in the morning, and a hearty welcome was extended to all by the President, who advised them to make the most of the day's opportunities, to throw off all cold and formal rules of etiquette, and enjoy themselves as one medical family; after which they dispersed for the time, to stroll about the places of interest in the neighborhood, some to use the rod and line, some to gather ferns and mosses, some to amuse themselves over games of different kinds, while others gathered in little knots to form new acquaintances, renew old associations, or discuss matters scientific.

At about twelve o'clock the large party sat down to one of Fry's excellent dinners, and after the banquet was finished the various modes of recreation were resumed until the hour of 3 P.M., when the whole assemblage again gathered in the large upper room of Fry's new building, to hold the formal meeting of the day. The exercises opened with the address of the President, whose remarks, though brief, were timely and beautiful. Next in order came the proposing of toasts, which were responded to in an exceedingly happy manner. Dr. W. S. Roland, of York, answered to "Our Meeting" in an exceedingly happy manner, which we would like to give entire, but space forbids. Dr. J. L. Ziegler, of Mount Joy (President of Lancaster County Medical Society), in his usual gallant style, eulogized "Our Friends, the Ladies," closing his remarks with a protest against the education of ladies as physicians. He advised that one of the best ways to keep them out of the profession was for the unmarried doctors to marry them as soon as they showed a weakness for the profession. He thought that any unmarried physician present who could not at next year's reunion bring along his wife, or present his credentials as "duly engaged," ought to forfeit his membership in the Association. The toast, "Our Fraternal Union," was happily responded to by Dr. W. Stump Forwood, of Darlington, Md., who gave his experience in the building up of the county society of which he is a member. "Our Invited Guests," were humorously and eloquently accounted for by one of them, Rev. John McCoy, of Columbia, who, though not yet a doctor (of divinity), is "hale fellow well met." Dr. Robert Bromwell, of Port Deposit, Md., responded to "Maryland, My Maryland," in a courteous and patriotic address, expressing his sincere pleasure at the hospitalities experienced from their Pennsylvania brethren by those who came thither from beyond the Dixie line. Dr. John L. Atlee, Sr., of Lancaster, responded to "Our Sires," giving short biographical sketches of those physicians who flourished before the great majority of those present were born. Dr. S. B. Kieffer, of Carlisle, spoke, in the felicitous style which always characterizes his public addresses, on "Pennsylvania, the Old Keystone," and concluded his remarks by reciting, in his inimitable manner, the story of "Hans Breitman's Party." Dr. A. Sheller, of Mount Joy, pronounced a most sweeping anathema against tobacco, and its use in any form, and thus ended the literary exercises of the day.

After the toasts the necessary business of the Association was transacted, and the following names presented as the officers elect for the ensuing year: President, Dr. John L. Atlee; Vice Presidents, Drs. Robert Bromwell and H. L. Orth; Secretary and Treasurer, Dr. S. J. Rouse. An Executive Committee will be appointed and announced hereafter.

The next meeting of the Association will be held in Lancaster, and it is probable that the

title will be changed to "The Medical Association of the Lower Susquehanna Valley."

Altogether the day was one of unalloyed pleasure, and will be remembered gratefully by those who participated therein, and we hope that each successive reunion may exceed its predecessor in pleasure and profit, and that the praiseworthy objects aimed at by these earnest men may be fully realized.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Thermo-cautery and Therm-antidote.

In the *Transactions* of the Medical and Chirurgical Faculty of Md., Dr. H. P. C. Wilson has an article on the use of the thermo-cautery. He says—

We have succeeded in devising an instrument which will thoroughly protect the vagina, and all the soft parts about the vulva, from the evil effects of heat in the use of Paquelin's cautery. In operations with this instrument in any deep cavity (as the rectum, mouth, and abdomen), all the parts adjacent to the point of operation will be perfectly safe against the injurious effects of heat.

This instrument, for want of a better name, we shall call the Thermantidote, in contradistinction to the thermo-cauter. It is a hollow cylinder, of sufficient size to allow the shafts of Paquelin's knives to slip easily into it. It is made of German silver, 5½ inches in length. On its upper surface, for its whole length, is a fenestrum of one-fourth of an inch. This fenestrum is necessary to allow the insertion of a curved knife. He adds the following rules as cautions in its use:—

1. The benzine bottle should never be more than two-thirds full. If too full, the slightest tilt of the bottle would cause the benzine to flow down the tube attached to the cauter; and patient, operator and assistants might be set on fire. Or a little extra air forced into the bottle when too full might lift the benzine into the tube by atmospheric pressure, and cause the same accident.

2. The benzine bottle should never be hung to the operator's clothing, or placed in his pocket. If so attached to his person, he, in the act of bending forward, might tilt the bottle, so as to cause a like accident, although very little benzine was in use.

3. The benzine bottle should be held *securely*, in the left hand of a trained assistant, and the rubber bag for heating the knife in the right hand of the same assistant. This assistant, under no circumstances, should be allowed to leave his post for any other work. His only duty is to take care of the benzine, and watch closely the point of the knife, so as to keep it at the proper temperature.

4. The blade of the knife should never be heated too hot. A dull red heat is best, and this redness should never extend above one-third the blade.

5. If the knife is too hot, we cut no better, lose more blood, and are in danger of bending and injuring the blade, and of burning up the platinum gauze within the blade, thus rendering the knife worthless. This latter accident has once happened to me.

6. When we are done using a knife, it should be heated a little extra hot, and while so, quickly separated from the wooden handle. By doing so, no carbon deposit will take place in the knife, and it will be in perfect order for future use.

7. Because of the injudicious heating of the knife, and destruction of the platinum gauze, or clogging of the same with carbonaceous deposit, we are sometimes unable to heat the knife to the operating point. This is very embarrassing, and can be avoided by a little care on the part of the assistant.

8. Every case of Paquelin's thermo-cautery should contain a small metallic brush, with which to cleanse the blade of all burning tissue which adheres to it, with each incision. This clogging of the blade impedes its proper heating. The duty of an assistant is to remove such tissue as it accumulates.

9. In all operations with the thermo-cautery within the vagina four assistants are essential; one to give chloroform, one to work the cautery, one to hand instruments and hold the knife, when the operator desires to be relieved of it, and a fourth to hold Sim's speculum—the only one fit for use in all uterine surgery.

The Treatment of Excitement.

At the close of an article on the treatment of nervous and mental excitement of various kinds, Dr. J. A. Campbell gives, in the *Lancet*, a summary, as follows:—

That in excitement sedative treatment during the day is at times necessary, to render patients manageable. I, however, think that when used for any length of time the patient remains somewhat longer in a stupid or mentally clouded state after the excitement passes off.

That in acutely excited patients, where exercise does not cause sleep at night, it is well to induce it artificially, so as to prevent injury to health from exhaustion; but this form of treatment should only be used for short periods.

That I have found chloral a most certain sleep producer, and harmless.

That with excitement and sleeplessness in chronic patients it is at times necessary, for the quiet of an asylum, to give sleep producers, but the necessity may be much diminished by open-air exercise and employment.

That careful, frequently repeated feeding is as

necessary in the treatment of excitement as in that of any other acute and exhausting disease; that its neglect may induce dementia.

That in the vast majority of cases of acute excitement prolonged exercise in the open air does away with the necessity for sedative treatment or the use of sleep producers, and in a great measure obviates recourse to seclusion, but involves extra supervision and more attendants.

That, after a six years' use of bromide of potassium in epilepsy, I am in a position to corroborate the evidence of others as to its efficacy in the treatment of epilepsy, by reducing the number of fits and allaying the irritability almost always concomitant with epilepsy. The arranging the dose to suit the case, and at intervals examining the patient, as in any other form of treatment, must not be overlooked.

That the morning shower bath is an important auxiliary in the treatment of excitement in the young of both sexes.

That in some cases, where excitement appears due to ovarian irritation, blistering over the ovaries appears to do good, and that this subject is worthy of attention.

The Necessity for Cheap Doctors.

In an address published in the *British Medical Journal*, Dr. R. L. Bowles makes some remarks of general applicability. He says—

We are apt to forget, in our wailings for medical reform, that it is by no means the duty of the legislature to take up the cause of the doctors, and to give them various forms of protection; on the contrary, a statesman should, and would, doubtless, as a rule, see it to be his duty to do the greatest good for the greatest numbers; and it is on this ground that I take leave to differ from the general, almost universal, cry of raising the standard of medical education to a uniform height. I do not see what is to happen to the impecunious, the lower class of tradespeople, to the artisans, and to all those laboring but independent classes above the region of the charity seekers and indigent paupers. It is quite clear that our highly educated and aspiring young practitioners who have had the means of spending five or six years at the hospitals and schools in acquiring their medical knowledge will not descend to accept such fees as these classes are able to afford; and consequently they will be driven to consult quacks and prescribing chemists, or to sacrifice their independence by availing themselves of medical charity. Now, to drive such a large section of the community to spend their money outside the pale of the profession is simply to deprive the profession of a very large amount of income which would, if we gave the opportunity, flow naturally into its coffers.

Even in my own experience, there has existed the (what would now be called) old-fashioned apothecary, the very man who, in my opinion, administered in the best possible way to the medical and surgical requirements of that section of society just now referred to. Some of these we have most of us known personally; men who had open surgeries, where man and maid might have a tooth pulled out for a shilling, or a splinter removed, or an abscess opened for a proportionate fee, or where a mother might have some teething powders for her baby, and ask for some liver powders for her little Johnny; where, in short, all people might have their petty ailments dealt with in a satisfactory manner, and in the cheapest and readiest method. These surgeries were similar to the out-patient room of the hospital or dispensary, only the patients retained their independence on retiring, and left something behind them for the doctor to live upon. In some of our manufacturing towns of the north a few still exist. I have in my mind one gentleman who has prescribed literally for hundreds daily, and has his dispensers at hand to make up quickly what is ordered; the shilling, more or even less, is paid for the medicines, and the doctor becomes rich and enjoys a fine country house, with carriages, horses, and their attendant luxuries. Another case, too, I know of in a coal and mining district, where a firm of three partners prescribe in a similar way, and have a clerk to see fair play; a basin stands on the office table, and the pitmen and their families put in what they can afford. These gentlemen are all of high character, and two of them I know to be exceptionally talented both in medical and surgical cases.

It is open to question whether provident dispensaries can ever take the place of the open surgeries; the public does not like to be bound by societies in such a personal matter as health, nor does it feel so independent in its choice of a doctor.

I regret that these valuable men are fast dying out. From their enormous field of observation they became quick sighted in detecting diseases, and had a ready way of dealing with them; and although they could not, perhaps, so profoundly investigate an obscure case, they would often, in the lesser things in physic (which after all form the chief part of our practice), be wiser and more trustworthy than the theoretically and highly educated man of more recent date.

Venereal Warts and their Treatment.

In a work on Skin Diseases, lately published in Germany, Dr. Behrend gives a remarkably good account of venereal warts, and notices the variety first described by Hauck, called subcutaneous or endofollicular wart. These form within the sebaceous gland, obstructing its opening, and hindering the discharge of its secretion. There arises in consequence a whitish-yellow prominence of the size of a barleycorn, from which, when squeezed, there escapes first a little plug of sebum, and then follows the small wart-like growth. Kaposi regards these formations as identical in nature with so-called molluscum contagiosum, and as only differing in form; he proposes the name of molluscum verrucosum for them. In treating venereal warts, Behrend rightly observes that it is not sufficient to remove them by the knife or scissors; to check their tendency to regeneration the base so exposed must be touched with nitrate of silver or liq. ferri perchloridi. He also expresses himself favorably of

savine, used as an ointment, composed of three parts of powdered savine to twenty of glycerine of starch. This is thickly applied night and morning, by means of a brush. But while dealing with the local treatment of these warts, our author entirely omits to notice the most important part of all, viz., the curative treatment by astringent injections of the irritating discharge, which, in the female at least, both causes and maintains them. Without attention to this, all mere local medication affords but temporary relief. And to neglect of this is due a circumstance noted by him, that warts which had existed during pregnancy are apt to recur after parturition.

Iodine to the Os Uteri in Vomiting of Pregnancy.

The following case is reported in the Cincinnati *Lancet and Observer*, by D. M. Wick, M.D., of New Hartford, Iowa:—

On the 23d of last May I was called to see Mrs. H., suffering with excessive vomiting in her first pregnancy, throwing up a black grumous liquid every twenty or thirty minutes. She had been troubled thus some six weeks—four of which she was not able to leave her bed—vomiting quite all the nourishment taken, and consequently was very much emaciated and weak. Believing that her previous physician (who is a very intelligent and successful practitioner) had exhausted the whole list of remedies *per os*, I concluded to try iodine to the os. Using the speculum and a camel-hair brush, I painted the os with tinct. of iodine. In ten or fifteen minutes slight contractions of the womb came on and continued, at intervals, four or five hours. Ordering, for nourishment, beef tea and brandy, administered by the rectum, and to slake the thirst small pieces of ice swallowed entire, I took my leave.

Next day I found, to my great surprise and pleasure, that my patient had vomited but once or twice since the application. She rested well during the night, and in a few days was able to retain in her stomach such nourishment as was given her. She made a rapid recovery and had no more nausea and vomiting.

The Salicylates in Rheumatism.

Dr. John F. Alexander writes to the Louisville *Medical News*—

I have treated a number of cases of acute rheumatism in the last two years with salicylate of soda—which I prefer to the acid, being more pleasant to take—and can conscientiously say that it has done all I expected of it. I always give alkalies with the soda if patients suffer much pain; give Dover's powder every four hours; see that the bowels are freely moved at least every other day. When I use Dover's powder I usually give the two drugs together to an adult—ten grains of soda to six grains of powder every four hours. Now, it might be claimed that the alkalies with Dover's powder would control the disease alone without the soda. So it might if the attack was not a severe one. But I claim for salicylate that it will not only assist in curing the disease, but will mitigate the symptoms to such an extent that the severity of the attack will be arrested; and can say further that since using this remedy I have met with no cardiac disturbance following acute rheumatism, which difficulty I often met prior to its use.

For chronic rheumatism I do not claim much benefit; yet in one case of a young lady of nineteen, who had been troubled with attacks of chronic rheumatism which lasted for several weeks, I was called to see her at the commencement of one of these attacks; and, by giving ten grains of salicylate of soda every four hours, succeeded in arresting the attack in six days. I have also given it in other cases of chronic rheumatism, in which I did not think I derived much benefit.

In conclusion I would say that I do not think salicylate of soda or salicylic acid a specific for acute rheumatism; yet, if the treatment is begun at the proper time, and combine such other remedies as may be indicated, the most satisfactory results may be obtained.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In a recent reprint Dr. G. W. H. Kemper, of Muncie, Indiana, describes the affections of the gall bladder which have a tendency to result in cutaneous biliary fistula. The particulars of eleven cases are reported.

——A surgical engine, armed with revolving knives, is described by Dr. H. Goodwillie, of New York City, in a reprint from the *Medical Record*. He has made use of it for the successful removal of adhesions of the soft palate against the pharynx, nearly closing up the naso-pharyngeal passage. It has been successfully used in trephining the antrum, mastoid cells, exposing the superior and inferior dental nerves, opening abscesses, resections of the jaws, removal of epulic growths. Indeed, in many other surgical operations on any part of the body, it can be most efficiently used.

BOOK NOTICES.

Analysis of the Urine, with Special Reference to the Diseases of the Genito-urinary Organs. By K. B. Hoffman and R. Ultzmann. Translated by T. Barton Brune, M.D., and H. Holbrook Curtis, PH.B. New York, D. Appleton & Co., 1879.

This is the same German work which we noticed as translated by Dr. Forscheimer, and published in Cincinnati a few weeks since. It is an unfortunate occurrence for both parties, and some measure should be adopted by translators to avoid this simultaneous work on the same book. It is fair to state that Dr. Brune says in

his Preface that his translation has been made with the assent and under the supervision of Dr. Ultzmann, one of the authors. It also contains several well executed plates, showing the sediments in the urine, which do not appear in the other translation. So far as the respective merits of the translations are concerned, we cannot say much, as the original is not at hand; but in the very first sentence of the introduction there is a palpable error in Dr. Brune's translation. We quote the two translations:—

By Dr. Brune.—"The results of the generally complicated chemical processes upon which depends the basis of animal life, are, on the one hand, the building up of the body, and on the other, the breaking down of the same, both included in the common term, 'retrograde tissue metamorphosis.'"

By Dr. Forscheimer.—"The results of those processes, usually complicated, which go to make up the basis of organic life, are, on the one hand, the building up of the body; on the other, changes which have been collectively termed 'retrograde metamorphosis.'"

Clearly, Dr. Forscheimer's translation is the correct one; and it is also more elegant, for to speak of a basis *depending* on something is an unfortunate selection of words.

Here is another comparison:—

Dr. Brune.—"By his successors in the Arabian school nothing of importance was added, although, particularly in the East, each court had an examiner of urine."

Dr. Forscheimer.—"Otherwise the Arabic physicians did nothing of importance, notwithstanding the presence of an uroscopist at every court throughout the Orient."

Obviously, the latter translation conveys more accurately the author's meaning.

We shall not pursue the comparisons; probably a fair statement would be that Dr. Forscheimer's is the better translation, while Dr. Brune's is the handsomer book.

Clinical Medicine; A Systematic Treatise on the Diagnosis and Treatment of Diseases. By Austin Flint, M.D., etc. Philada., H. C. Lea. 1 vol., 8vo, pp. 795.

The success which for many years has attended the teaching of Dr. Flint puts it beyond doubt that when he writes a book for the student and practitioner, it will be replete with well digested information, carefully presented, and of an instructive character. All this can be said of the work before us. In it he confines his attention to the presentation of the two great practical objects of medical science, diagnosis and treatment. He speaks on these subjects with the erudition of a scholar and the experience of a practicing physician of nearly half a century's observation. We cannot do better than to turn, almost at random, in the volume, and indicate its character by one or two sections.

A little over a page is given to cholera infantum. Under this term, the author says, is included cases of functional diarrhœa, colo-enteritis, and true choleraic affection. As to treatment, the safest is, as a rule, to arrest the affection at once with small and repeated doses of opium by the mouth. The dietetic regimen is also insisted upon.

About three pages are devoted to tapeworms. The author's experience gives the preference to the male fern as a tænicide.

Delirium tremens occupies three pages. The author believes that alcohol, opium, the bromides, digitalis and chloral, are all efficacious, but he does not define in which cases the one or the other is preferable. He thinks half an ounce of the infusion of digitalis will secure all the benefit to be derived from this drug, although as much of the tincture may be given with safety.

On the debated topic of croup and diphtheria the author takes the position that diphtheria is a general disease, an essential fever, which is complicated in a certain proportion of cases by pseudo-membranous laryngitis or croup. He doubts that any specific remedy for diphtheritic fever has yet been discovered, though he inclines to think Dr. Chapman's claims for alcohol are not irrational.

So, also, he introduces pneumonia as an essential fever, of which the pneumonitis is the anatomical characteristic. Antipyretic measures are recommended, but the cold bath is not heartily indorsed. Counter irritation is spoken of as "more than doubtful." The risk in bloodletting, he thinks, has been exaggerated of late years. Moderate stimulation is often serviceable.

These notices will show the scope and extent of the work. The diseases are classified into general and local, according to the usual nosology now in vogue, and there is an introduction of forty pages, on clinical records and reports, the physiognomy of disease, the pulse, thermometry in disease, simulation of disease, hygienic and expectant treatment, etc. The book will not fail to give satisfaction to the purchaser, and will add to the already wide reputation of the author.

THE

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D. G. BRINTON, M.D., EDITOR.

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115 South Seventh Street,
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THE CONSTITUTIONAL PROTECTION OF STATE MEDICINE.

A very thoughtful address, full of excellent suggestions, was made to the last meeting of the Louisiana State Medical Society, by Dr. STANFORD E. CHAILLÉ. The subject was "State Medicine and Medical Organization." We hail it as a refreshing indication of the growing appreciation of this, the most important of all the branches of medicine.

The published copy of this address also contains a series of provisions in the interest of State Medicine, recommended for adoption to the Louisiana Constitutional Convention, which assembles this year to frame a new constitution for that State. These provisions were unanimously approved by the State Medical Society, and most of them, if included *and enforced*, would prove of incalculable benefit to the State. Among these provisions are several which are in advance of the appreciation of the age, perhaps, but none which are ahead of its needs. Of the more striking, we may specify the recommendations that the Legislature shall provide for the interests of State Medicine in all its departments; for public hygiene or preventive medicine; for medical education; for institutions for the sick and infirm, and for medical jurisprudence; for the establishment and maintenance of a State Board of Health and Vital Statistics for the whole State, with parish or municipal boards subordinate thereto; for the protection of the people from all contagious and infectious diseases, and from all preventable causes of disease and death; for the protection of the people from unqualified practitioners of medicine, surgery, midwifery, pharmacy and dentistry; for the maintenance of the University of Louisiana, and its three departments of literature, medicine and law; for the protection of confidential communications made by patients to physicians; for preventing the advertisement and sale of all fœticidal drugs or instruments, and of all drugs detrimental to the interests of health and morality; for the adequate compensation of scientific experts in all cases; for the separate trial of criminals alleged to be insane on each issue—first that of insanity—and that adequate time and opportunity shall be given to medical experts to test the question of insanity. No persons shall be allowed to testify as expert witnesses to matters of scientific opinion, except those recognized as competent experts in such matters by their own profession, as organized under the laws of this State. Only qualified practitioners shall be expert witnesses in the courts to medical facts; the legal duties of coroners shall be assigned exclusively to experts in law, and their medical duties exclusively to experts in medicine.

How essential it is to have these provisions incorporated into the fundamental instrument of the existence of the commonwealth is ably shown by Dr. CHAILLÉ in his address. It appears, for example, that there is not a State which has laws encouraging, for sanitary purposes, either drainage or irrigation. Massachusetts, in 1849, effected a sanitary topographical survey, which proved of great value, and a second one was in 1875 instituted by New York; but other States have neglected this important matter; and instead of guiding the immigrants whom they seek

to entice with trustworthy health maps, they supply them with the seductive but false certificates of ignorant residents, who base their worthless convictions on such facts as that they are not dead yet, and that several of them, who, however, never happen to have about them a legal record of the date of their birth, are one hundred and more years old!

Some States have laws to protect property and life from explosive illuminating oils, but in most or all of these States the greed of gain has so emasculated these laws that property is still endangered, while health and life are sacrificed.

We heartily sympathize with the feeling which induces Dr. CHAILLÉ to express himself in the following strong terms:—

"After many years of special study, each additional year has increased my conviction that wherever social order has been firmly secured by law, there the supreme subject of importance is, *the avoidable causes of disease and death, their extent, cost and influence on morality and human progress.* This subject is so exhaustless, so varied in detail, so fruitful to study and discovery, and so little understood by the public, that I confess my impatience whenever a physician discourses to a public audience on any other subject."

NOTES AND COMMENTS.

Therapeutical Notes.

DIGITALIS IN HEART DISEASE.

In the weak heart of elderly persons Dr. Fothergill combines digitalis with chloroform—

℞.	Tinct. digitalis,	♏x	
	Sp. chloroformi,	♏xx	
	Infus. buchu,	℥j.	M.

For one dose.

In conditions of debility, where it has to be taken continuously for months or years at a time, he recommends it in pill form, combined with iron and bitters, as—

℞.	Pulv. digitalis,	ʒj	
	Fer. sulph. exsic.,	ʒij	
	Strychniæ,	gr. ij	
	Pulv. pip. nig.,	ʒij	
	Extr. gent.,	ʒij	M.

For sixty pills. One or two twice daily, after meals.

GLYCERINE IN HEMORRHOIDS.

Dr. William Lee, of Baltimore, calls attention, in a recent report, to the beneficial results of glycerine in the treatment of the troublesome and painful complications accompanying internal hemorrhoids. He states that in six cases of the above named affection he has tried it with most satisfactory results.

The dose of glycerine for these troubles must be small and continued for some time; although its modus operandi is at present not well understood, the action it has upon the rectum seems to be of a specific nature.

ARTIFICIAL KOUMISS.

The following process is given by a correspondent of the *Pharm. Zeitung*:—

Condensed milk,	100 grams
Lactic acid,	1 "
Citric acid,	50 centigrams
Good rum or brandy,	15 grams.

Diluted with water to 1000 or 1500 grams, and charged with carbolic acid.

After standing in a warm room for a few days the mixture will commence to foam.

ACONITE IN PNEUMONIA.

Dr. A. C. F. Rabagliati writes, in the *Practitioner*, August, 1879: It has been my practice, for years, to treat incipient pneumonias, and also other simple inflammations, by aconite, which, however, I have found it convenient to use of one-tenth of the strength of the pharmacopœial tincture, the remaining nine-tenths being rectified spirit. Aconite acts in simple inflammations by combating the reaction of cold, which is commonly, but only by oversight, called inflammation.

The Therapeutical Powers of Fuchsine.

A few years ago the large employment of fuchsine to color wines raised a great noise in France. The chemists said it was a poison, and there was much talk of its evil effects. In a recent memoir, however, on the subject, MM. Bergeron and Clonet conclude that the admixture of fuchsine is perfectly harmless, and even remark that in one case of cardiac albuminuria, where the falsified wine had been employed, the albumen had completely disappeared during its administration. Further experiments by Feltz and Duclos show that fuchsine can be taken in daily doses of eight grams, and that it, therefore, is not a poison. When symptoms of irritation (diarrhœa) do occur, they are due to the small quantities of arsenic which it often contains. Therapeutically, fuchsine is a diuretic, and causes an increased elimination of phosphates. A thesis of M. Divet on "Fuchsine in the Treatment of

Chronic Albuminuria and of Parenchymatous Nephritis" contains an account of sixteen cases, in which marked and rapid benefit was obtained during the administration of this substance. M. Dieulafoy has given an analysis of this thesis, and of four cases treated by him at Menilmontant. Fuschine was given to these patients in doses of fifteen centigrams daily, sometimes alone, sometimes in conjunction with other remedies. The general action was found to be *nil;* no improvement being obtained either in the thoracic, cephalic, or cardiac symptoms (dyspnœa, headache, vertigo, palpitations). Locally, the action of fuschine was uncertain and irregular; it was not diuretic, but sometimes appeared to moderate the desire for frequent micturition.

The Relation of Memory.

The *Medical Press and Circular* gives some entertaining statistics of memory, from M. Delaunay. The inferior races of mankind, such as negroes, the Chinese, etc., have more memory than those of a higher type of civilization. Primitive races which were unacquainted with the art of writing had a wonderful memory, and were for ages in the habit of handing down from one generation to another hymns as voluminous as the Bible. Prompters and professors of declamation know that women have more memory than men. French women will learn a foreign language quicker than their husbands. Youths have more memory than adults. It is well developed in children, attains its maximum about the fourteenth or fifteenth year, and then decreases. Feeble individuals of a lymphatic temperament have more memory than the strong. Students who obtain the prize for memory and recitation chiefly belong to the former class. Parisian students have also less memory than those who come from the provinces. At the *Ecole Normale* and other schools the pupils who have the best memory are not the most intelligent. The memory is more developed among the peasantry than among citizens, and among the clergy than among the laity. The memory remains intact in diseases of the left side of the brain, and is much affected in those of the right, from which it may be inferred that the right side is more the seat of this faculty than the left.

From a physiological point of view memory is diminished by over feeding, by physical exercise, and by education, in this sense, that the illiterate have potentially more memory than those who know how to read and write. We remember, moreover, better in the morning than in the evening, in the summer than in the winter, and better in warm than in cold climates.

Emotional Legislation.

A few years ago a female correspondent wrote to the *Nation* that the "beats" who lead astray the ignorant girls who come to New York city should be hanged; and that cynical paper quoted the letter as illustrating how unqualified the female mind is, as yet, for law making. But there is a stronger example before us. Out in San Francisco is published a "Medico-literary Journal," edited by an M.D. of the female persuasion. In a recent number she mentioned a marriage in that city, in which the bride was thirteen years old, and referred to the clergymen who solemnize such marriages in the following manner:—

"If we could, we would, together with the M.D.'s who have said along the past ages that women mature sooner than men, burn them at the stake, as a man burns his last year's stubble, that he may have a clean field for a new crop. We should quiet our nerves by remembering how calmly these human vampires have aided the sure sacrifice of throngs of unsuspecting young girls, of twelve and fifteen years of age. . . . Yes, we would gladly light the torch that would send the lurid flames to high Heaven, and by the broad glare write in the hearts of an aroused people, Marriage and Motherhood shall be *respected*."

San Francisco is a great place for law making, with its Kearneys and Kallochs and this one.

Statistics of Delirium Tremens.

Dr. Näcke, of Dresden, has published the result of an extensive study of delirium tremens as it occurs in that city. It is rare from the use of wine or beer, and most frequent of all from potato spirits (amyl alcohol). The most common age is thirty-five to forty years. The highest temperature observed was 38.8 C. When the mercury exceeds that, some complication, usually pneumonitis, is present. Albuminuria was found in eighty-two per cent.! This usually disappeared with the disease. The illusions are nearly always those of depression and persecution. About one-third have visions of animals, not only snakes and rats, but large animals, as dogs, lions, etc. The mortality he puts as high as twenty-four per cent., which is a far worse showing than in this country. He also says that the first attack is much the most dangerous, which is contrary to the prevailing opinion. His treatment is full doses of chloral.

The Solar Cautery.

It is curious to observe how many old projects are furbished up and brought out as new, or are re-discovered. In a late number of an Italian journal, the *Gazeta Medico-Italiana*, an Italian physician has much to say of the successful use of the heat of the sun, condensed by a lens, for the destruction of nævi, etc. This supposed discovery has been quoted in the French, English and German journals as something new. More than fifteen years ago it was thoroughly aired in the MEDICAL AND SURGICAL REPORTER, and the experience then obtained shows that the suggestion is of no practical value.

Therapeutic Value of the Melia Azedarach.

The handsome tree, so common in Carolina and Georgia, known as the Pride of India or Pride of China, botanically the *Melia Azedarach*, has considerable reputation as an anthelmintic. An examination of it by Mr. J. Jacobs, published in the September number of the *American Journal of Pharmacy*, shows that its active principle is a yellowish-white resin found in the liber of the bark. He thinks a fluid extract or tincture of it would be a valuable addition to the Pharmacopœia. About three grains of the resin may be given to a child of three or four years. The taste is strongly bitter, and in that respect it is at a disadvantage.

CORRESPONDENCE.

The Causes of Cholera Infantum.

ED. MED. AND SURG. REPORTER:—

I read with much interest an article in the REPORTER, of August 30th, by Dr. Frank Woodbury, on cholera infantum. The Doctor gives more attention than it deserves, perhaps, to a paper of mine which appeared in the April number of the *Journal of Obstetrics*. This is probably due to the fact that I state my position more positively than more eminent writers who hold the same or similar views. The main object I had in view was to establish the proposition that continued high temperature is, in our climate, the prime or essential cause of cholera infantum.

The careful reader of my paper in the *Journal of Obstetrics* will understand that, as I am dealing with weekly and monthly mortality returns, my means of temperature are weekly and monthly means. A mean "above 75°," though not a very high mean for a single day, is well up for a month or even a week; for instance, a weekly "mean above 75°," is high in Philadelphia, and the week having that mean temperature would be called hot—hot for *weather*. I suggested a pathological kinship between cholera infantum and sunstroke or heat stroke, on the following grounds:—

1st. The same conditions seem to be sufficient for and essential to the development of each. 2d. They come and go together. 3d. The development is gradual and the recovery is slow in each, showing a profound impression made on the living power of the patient. 4th. The explosive character of the attack under the cumulative effects of continued high temperature, with the sudden severe or fatal prostration consequent. A condition of malnutrition or malassimilation is established before the explosion, and persists stubbornly afterward. It would seem that the blood, under the influence of the continued high temperature, is degraded, impaired in some of its vital qualities. A cachectic condition is established, which continually becomes more profound under the persistent operation of the causes which brought it about.

The lines which represent the mortality from each rising and falling together and along with the rise and fall of the thermometer, suggest related causes, and why not related effects? I allow the suggestion to stand for proof or disproof, either of which will be equally gratifying to me; light is more to be desired than championship.

When I quote from the circular of the New York Board of Health, "Wash your well children in cold water twice a day, and oftener in the hot season," I understand cold water to mean hydrant water; this is not cold water for drinking purposes when the thermometer is in the "nineties," but the people to whom it was more especially addressed would probably use hydrant water (not ice water) in carrying out this direction, with very desirable effect on the mortality returns, as regards cholera infantum, as I have good reason to believe and don't hesitate to repeat; let it be proved that this is a mistake; let it be put to the test.

It may be totally impossible to distinguish between cholera infantum and cholera Asiatica when they both prevail, yet few would question but that they are pathologically different, and fewer still would count them etiologically identical. If we may ignore the difference therapeutically, it does not follow at all that prophylactic measures should be the same with reference to each.

Although the thermometer does not reveal a difference between solar and artificial heat, animal and vegetable physiology pronounce them different. The comparison between furnaces, superheated nurseries and animal heat on the one hand, and the weather of midsummer on the other, is amusing, and yet amazing. It may be quite preposterous, from a theoretico-physiological point of view, to assume that a temperature ranging daily between 70° and 95°, continued for a week or more, is sufficient to cause cholera infantum, or any other disease, for that matter, but it is a *fact* that under such conditions, as to temperature, certain diseases *do* appear, and in the absence of this continued high temperature they *do not* appear; and facts must be faced, whether at first sight they look reasonable or not.

Dr. Woodbury says, "Another reason why heat is not the sole cause is given by Eberle. and

is abundantly confirmed by others—that the disease is much more prevalent in our large cities than in the country, where the temperature is equally high, and may be even higher." Further on he says, "Cholera infantum occurs most frequently in cities, *because* its victims are there crowded in greatest numbers. It is not, however, confined to the cities, but encountered, *in all its severity*, in suburban and country residences; this more elaborate statement seems to be brought out by the exigencies of the "ground-water" theory, for the ground waters "do move" in the country as well as in the city.

Now solar heat is a most formidable antagonist for the physician to contend with, it being almost impossible to influence the weather to any great extent; but who can hope to counteract the malign influence of "the movements of the ground water?"

These movements may cause the giving off of impalpable and mysterious effluvia, and they may put the ground in a condition favorable to the taking away of some mysterious health conserving influence from the air. The subject of the influence of "telluric exhalations" and inhalations is hopelessly abstruse, and I would hesitate to say that these influences might not have a hand in the causing or hindering of almost anything under the sun.

The summing up of "the prophylaxis and treatment of cholera infantum," in the simple recommendation to "send the little sufferer to the seashore," is a prescription simple enough for the physician, but utterly impracticable in nineteen out of twenty cases, even in Philadelphia, to say nothing of cities, towns and communities hundreds of miles inland; and besides all this, it is not altogether certain that the "ground water always moveth itself aright," even at the seashore; New York and Brooklyn lose largely by cholera infantum, yet they cannot properly be called inland cities.

I think I can see that the height or "movements of the ground water" might be affected by ten days of continued high temperature, but I cannot conceive that a fall of temperature of a few degrees for a day or two at the end of that time could be expected to cause these waters to be "troubled" in a more healing way; yet there is no doubt but that this fall of temperature would be attended by an improvement in those already sick from cholera infantum, and an immediate falling off in the number of new cases, and also, of course, a falling off in the number of deaths.

T. Clarke Miller, M.D.

Massillon, O., Sept. 10th.

The Bag of Waters as a Dilator in Labor.

Ed. Med. and Surg. Reporter:—

On the 22d of Aug. 1879, I was called in to see Mrs. G. S., in labor; age 19 years, primipara, enceinte 9 months (her full term). Dr. F. had charge of the case, but owing to indisposition was unable to attend further. The Doctor told me that some two weeks previous she had sustained an injury on jumping from an open wagon; after this she was slightly indisposed, and suffered from pains of a uterine character, although kept up and continued quite well, except that she felt no movements of the child in utero from the time of the accident. The Doctor was satisfied that there was no vitality existing in the fœtus, but declined to use any means to bring on delivery, rather trusting to nature, only giving a tonic, consisting of quinine and iron. This prescription she had taken for several days, the Doctor also stating that she was from a malarious district, and that labor had been slow and tedious, and that the presentation was, in his opinion, that of a foot or arm. This opinion, of course, was supported by the projection of the bag of waters conically. So much for the Doctor's history of the case. On touching I found, as the Doctor stated, a considerable conical projection; could not detect, by touch, anything resisting; therefore was forced to the conclusion that we would wait further dilatation, then turn and deliver. This course was agreed to, and the Doctor took his leave. I now perceived that the patient was growing impatient and restless, as well as the nurses (who were three in number); doubtless this was occasioned in part by the change in physicians, as well as non-interference with the case. I must confess that much anxiety on my part awaited the result of the case; in fact, I was looking for trouble ahead, but kept apparently brave, cheered my patient and inspired confidence in the nurses by telling them that all was right so far, that labor had to advance more yet before I could assist her any; I continued doing nothing.

After waiting, however, fully three hours, I took my seat by the bedside, intending to rupture the membranes, thrust in my hand and turn; just as I was ready to act the waters broke. On touching I felt something, but did not know what it was; making traction gently, it came forward, without shape, and a pulpy mass. I was at a loss to know what I held in my hands; on turning aside the cover I found, to my astonishment, that it was the head, the bones of the face and skull being completely broken down and leaving a large saccular mass measuring some fifteen inches flatwise. Now I reached up, pulled down the arm and delivered, the body being a putrid mass also; there was not a particle of hemorrhage; the placenta being adherent I introduced my hand into the uterus, peeled it off and turned out the clots; now I washed out the organ with a strong solution of carbolized water, tepid, and ordered my patient's linen changed and had her removed to a comfortable bed. She now appeared almost exhausted, exhibiting symptoms of blood poisoning, as "coming events cast their shadows before." I began to fortify the system against that much dreaded affection, *septicæmic poison*. I used alcoholic stimulants freely, quinine extravagantly, and alimentation abundantly; these, with the local injections of carbolized washes, continued for several days, doubtless saved my patient from an untimely grave. After a few days elapsed I had the pleasure of meeting the Doctor; he remarked, as he approached me, "you had to turn and deliver." I answered "no." This seemed to puzzle the Doctor; I explained that it was a head presentation, the conical projection being nothing more than a preternatural *caput succedaneum*. And further, in conversation with the Doctor, he expressed himself as

believing that advanced fœtation bore an immunity over a more recent impregnation; this he says has been his experience. If the Doctor is correct in this, what is it due to? is it owing to the membranes, being more mature and remaining intact, holding the waters, thereby preventing the absorption of the debris? And now, reverting to my caption, I hold that the best dilator is the bag of waters, more especially in a primipara; it is always slow, steady and efficient; it proved itself a *sine qua non* in this case, as well as others that I can attest to in its favor.

If the membranes had been ruptured early in this case it would have doubtless necessitated embryotomy; its delay made it an easy and practical delivery. E. W. RUSH, M.D.

Paris, Texas, Sept. 10th, 1879.

The Doctor his Own Druggist.

ED. MED. AND SURG. REPORTER:—

I am glad to see in your valuable journal the recent discussion on the "crookedness" of physicians and druggists, but I must confess I see but little difference in the grounds taken by yourself and Dr. Lyon.

No one, I presume, denies to the country physician the right to dispense and charge for the medicines necessary in his practice. You would hardly find a physician who would defend the practice of doctors who compound with druggists to defraud the patient by exacting a percentage on prescriptions.

The question, then, in the discussion seems to be: Is it professional, is it right, for a physician who is convenient to retail drug stores to "keep on hand," dispense and charge for the medicines necessary in his own practice? If he has the right to dispense them, he undoubtedly ought to be allowed to charge, at least, cost for them. To furnish medicine gratis would be a tax most doctors could not long "hold out" at.

I do not know that the practice of dispensing and charging for medicines by the physician has ever been condemned by the American Medical Association or any "regular" State or local medical society.

Unless he has had the advantages of a course in pharmacy, or better opportunities in the medical college laboratory than most students have, there is no plan which offers better means to the young physician of familiarizing himself with the dose, physical properties, and chemical action and reaction of medicines, than the dispensing of his own drugs.

When one does an extensive practice, especially an office practice, it is often difficult to recollect the remedies prescribed, unless a note is kept of each case. In dispensing his medicines, the sense of sight, and often of smell and taste, is brought to the aid of memory in calling to mind the treatment instituted. It is a sad comment upon the honesty of our drug men, but, nevertheless true, that there are druggists who will substitute cheaper for more expensive drugs—as sulphate of cinchonidia for sulphate of quinia—give light weight, and, in many instances, leave out ingredients altogether. This, with the many unintentional mistakes—their prescribing for the sick; the repeating of prescriptions without authority; the putting up and selling of proprietary medicines; and many other tricks of the trade—releases the doctor from any obligations he might otherwise be under to patronize the druggist, and make it not only justifiable for the physician to dispense his own medicines, but in many instances to the interest of the patient himself, and the reputation of the profession at large. S. W. JOHNSON, M.D.

Ennis, Texas.

Sulphate of Morphia, Hypodermically Injected, in Asthma.

ED. MED. AND SURG. REPORTER:—

Not having seen any reference in medical literature to the use of sulphate of morphia hypodermically in asthma, is my apology for asking a brief space in your valuable journal, by which I may bring the matter before the profession, and through them confer a great blessing upon suffering humanity. During the past twelve months I have treated several bad cases most successfully by the above named method, using it in ¼ to ½ grain doses once in twenty-four hours, usually in the evening; and through the day using some expectorant, such as iodide of potassium, lobelia, acetate morph., wild cherry, etc., combined or separately, as the case might seem to demand, varying the amount of each to meet the characteristic symptoms as they existed. And in each case so treated I have been well pleased with the result—speedy relief in five to ten minutes—a blessing to the sufferer.

Wilmington, Del. S. LESLIE WEST, M.D.

NEWS AND MISCELLANY.

National Pharmaceutical Association.

This Association convened at Indianapolis on the second week in this month. A number of valuable papers were read. On one day the Convention indulged in a lively discussion over the admission of patent medicine men, brought on by voting one from New York into membership. After considerable attention was paid to the matter, it was finally decided to expunge from all minutes all debates, and permit him to remain as quietly as possible.

Saratoga was chosen as the place of holding the next meeting.

Filth Diseases.

Of scarlatina, diphtheria and typhoid fever, Dr. Snow writes, in his last report as health officer of Providence: These three diseases are undoubtedly caused, to a very great extent at least, by impure air, and in some cases, by impure water. Those who are breathing habitually, and especially in the night time, the impure air from privy vaults and cesspools *are in special danger*. Let every housekeeper insist upon a thorough cleansing and disinfection of these deposits of filth, and many lives will be saved in Providence during the next eight months.

The Discovery of Anæsthesia.

The war as to the priority of the discovery of surgical anæsthesia threatens to break out again, owing to the advocacy of Dr. Long's claims by Dr. Marion Sims. The defenders of Morton, Jackson and Wells are promptly rushing to the rescue of their favorite champion. The Boston *Medical and Surgical Journal* has entered the field with its well known rallying cry; and the dental surgeons are not slow to take up the cudgels for Dr. Wells. We have an article kindly sent us, showing the claims of the latter, by Dr. E. H. Bowne, of Fredonia; but we really think the conflict was so thoroughly fought out at the last bout that it is not worth while stirring the dust so soon again.

No sooner has Dr. Crawford W. Long's claims been solidly laid and well witnessed, than another claimant turns up, who brought it to the attention of Dr. Long. This was a student in his office, still living in South Carolina, by name Wilhite. A letter from Atlanta announces that his friends intend to push his claim, so that soon, perhaps, we shall hear more of him.

Surgery Among the Zulus.

The Zulus, like the "Peculiar People," have no respect for the arts of surgery and the drugs of doctors. A British surgeon writes of them—

"The few wounded Zulus under our care absolutely refuse any operation or treatment; they even take off splints as soon as applied. But, in spite of their stupidity, they do very well, and one has the opportunity of observing the natural history of gunshot wounds and fractures. They somehow crawl out of doors every day, and nurse their fractured limbs with both hands, squeezing the wounds a good deal, and constantly washing them with a small stream of water, which they very cleverly manage to eject from their own mouths on to the wounds, though held at a distance of two feet or more. One man, shot through the head of the tibia—a fearful smash, knee joint opened in all directions—has got *quite fat* under the above treatment and ordinary soldier's rations; the joint is, of course, in very bad position, but I suppose he will eventually recover, like a dog or cat which has been trapped or suffered other injury."

German Physicians as Practitioners.

The unfavorable opinion we have heretofore expressed of the therapeutics now generally to be learned in Germany has been endorsed by several physicians who have recently returned from there, and is supported by the observation of Dr. Willard Parker, of New York. This eminent and venerable teacher recently remarked: "The Germans are preëminently theorists. The result is that when a German physician or surgeon comes to treat a particular case he is apt to follow the teachings of his master to the letter. This will not do, for there can hardly be found two cases which require precisely the same treatment. For this reason the American, who is naturally ingenious, when he comes to a case, will set to thinking on his own hook, and will devise some way to get successfully through with it."

A New Hospital.

At a stated meeting of the Schuylkill County Medical Society, the following Preamble and Resolution was offered by Dr. D. W. Bland:—

WHEREAS, The prospect for the erection of a General Miners' Hospital in the Anthracite region is now about to be fulfilled, the Schuylkill County Medical Society, feeling a common interest in the success of said Hospital, therefore,

Resolved, That Dr. G. W. Brown, Dr. D. J. McKibbin and Dr. J. T. Carpenter, are hereby appointed as a representative committee from the Schuylkill County Medical Society, whose services are offered to the commission of said Hospital, to aid and assist in the perfecting of such plans in building as will combine all the modern improvements in the construction of General Hospitals.

Manufacture of Chemicals in the United States.

Half a dozen years ago we imported from France annually six million pounds of cream of tartar; now we do not bring over a pound, and the price is one-third less than it was then. At that time we sent to France and England yearly for half a million pounds of tartaric acid; last year we imported only 183 lbs.! Citric acid was then sold to us at the rate of a quarter of a million pounds yearly, at a price of $1.30 per lb.; last year only 27,000 pounds were brought in, and the price was 57 cts. per lb. A million pounds a year of borax was then sent us, at 35 cts. per lb.; last year only 3500 lbs., at eight cts. per lb.; while we sent to other countries two million pounds! Are not these wonderful statistics for "hard times?"

Health of the Navy.

The following statistical returns, made to the Navy Department, exhibit the aggregate sick report of the several squadrons for the second quarter of 1879:—

United States South Atlantic Squadron.—Total number of men, 564; total sick days, 1131; daily average number of sick, $12\frac{39}{91}$; total cases treated, 120.

United States European Squadron. Total number of men, 1161; total sick days, 5121; daily average number of sick, $56\frac{25}{91}$; total cases treated, 580; deaths 2—1 enteric fever, 1 suicide.

United States Asiatic Squadron.—Total number of men, 1091; total sick days, 2704; total cases treated, 357; daily average number of sick, $29\frac{89}{91}$; deaths 2, from drowning.

Unprofessional Testimony.

On a suit for divorce, in Cincinnati, recently, a physician testified that the defendant came to his office about two years ago suffering from a private disease, and that he prescribed for him. Recently the witness was called on by a detective, who made inquiry as to the fact of his having given such a prescription to a man so named, and the witness went with the detective and identified the man. This physician seems to have been a regular graduate, and at one time, if

not now, connected with one of the colleges. That such action is an unpardonable violation of professional honor should be universally recognized.

The Question of Bills.

The physicians of the city of Quincy and county of Adams, Illinois, have taken a decided step toward putting the profession there on a proper financial basis. They have adopted a series of resolutions, of which the following are the gist:—

Resolved, That we, as physicians and surgeons of Adams county, when called upon to treat a patient, consider our bills due as soon as services are rendered.

Resolved, That we render our bills on the first of every month. That in the county, outside of the city of Quincy, the time for rendering bills be such as may be agreed upon by the practitioners of the different localities.

Resolved, That we, as physicians and surgeons of the city of Quincy, employ a common collector to collect our bills, and that the physicians of the county be recommended to employ a collector for one or more townships, and that each collector keep a delinquent list for the benefit of the physicians of the city and county.

Some such action as this should be generally adopted for the protection of the profession and for the inculcation of honesty toward doctors in the public.

The Yellow Fever

Has still indicated extreme virulence in Memphis. For instance, on the 16th 29 new cases and 9 deaths were reported. Several of the neighboring towns have become infected; but the latest reports point to diminishing numbers.

On the 18th quarantine in Cincinnati was raised, which was sixty days from the time of its establishment. There has not been a case of yellow fever there since July. Before that time there had been six imported cases, one of which was fatal.

On September 16th, the Board of Health of Louisville raised the river quarantine against Memphis. Seven cases of yellow fever were treated there this season, all imported. Four of the number died.

Personal.

Dr. Ackland, F. R. S., Professor of Medicine in the University of Oxford, President of the Council of Medical Education for Great Britain, and honorary physician to the Prince of Wales, whom he accompanied to this country in 1860, is in this city, the guest of Professor Gross.

Items.

Corrections.—On page 217, current volume, the amount of strychnia should read .02.

The graduation fee of the Jefferson Medical College is $30.00, not $20.00, as stated.

In our notice of the Mackinnon Pen we did its capacity an injustice. It will write nearly thirty pages of manuscript.

Smallpox.

In Northeastern Mexico smallpox is reported as epidemic.

In Roma, Texas, ten children have died. The ranches in the vicinity are badly infected.

OBITUARY NOTICES.

—Dr. Robt. W. Scott died, August 24th, in Milan, Tenn., at his home, of traumatic abscess of the pleura, caused by a fall from his horse. He was an esteemed practitioner.

—Last week we announced the death of Ex-Surgeon General Finley. He was born at Newville, Cumberland county, Pa., in 1797. He studied medicine at Chillicothe, Ohio, where he graduated in 1818. He immediately entered the United States Army, as Surgeon's mate of the 1st Regiment of Infantry, and subsequently filled the position of assistant Surgeon, and was medical director in the field in the Black Hawk, Seminole and Mexican Wars. He passed eight years on the frontier in Arkansas, Louisiana and Florida, and was on one of the earliest expeditions to the Rocky mountains, in 1834. In 1861 he succeeded General Lawson as Surgeon General of the United States Army, and in 1862 was retired from active service on his own application, after having served forty-four years.

QUERIES AND REPLIES.

Dr. T. C., of Pa.—Dr. Churchill's syrup of the hypophosphites, comp., is of different strengths. His authentic formulæ will be found in Napheys' *Medical Therapeutics*, Sixth edition, p. 195.

Dr. A. J. K., of Pa.—1. Tenotomy in talipes varus should be resorted to, according to Ashhurst, between the second and third months of life. 2. With the proper precautions, artificial anæsthesia is safe at that age.

Dr. A. E. C., of Iowa.—The profession very generally, in this part of the country, favor the use of turpentine in typhoid fever, under the circumstances where it was particularly recommended by the late Dr. G. B. Wood (see *U. S. Dispensatory*, 13th ed., p. 618).

Ethics writes: "If Dr. A. has a case of injury requiring amputation; not having the necessary instruments, he calls on Dr. B. to bring his instruments and assist. Is it courteous in Dr. A. to use Dr. B.'s instruments, perform the operation, lift the arteries, etc., without first asking Dr. B. to operate or take any part, except to give the anæsthetic, and perhaps tie a ligature?"

Ans.—The statement is incomplete. If Dr. A. asked the loan of the instruments and the aid of Dr. B., there is no criticism to be made; if he simply invited him to come with his instruments, and possessed himself of them without a "by your leave," he was not polite. It must be remembered that it was Dr. A.'s case.

Dr. L. B. T., of O.—There is no recent monograph on Massage in English. Dr. C. F. Taylor's "Movement cure" touches upon it.

MARRIAGE.

THACKER—RENO.—On August 26th, by the Rev. Dr. P. Tinsley, Rector of the Church of the Advent, at the residence of the bride's brother, Capt. John C. Reno, of Walnut Hills, Dr. J. A. Thacker, editor of the Cincinnati *Medical News*, and Miss Rebecca C. Reno.

Our brother editor has our felicitation in the happy event.